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APPLICANTS

Tomasz J. Nowicki, Briarcliff Manor, NY;
 Marco Martens, Groningen, NETHERLANDS;
 Jennifer Q. Trelewicz, Gilroy, CA;
 Timothy J. Trenary, Berthoud, CO;
 Joan L. Mitchell, Longmont, CO;
 Michael T. Brady, Ithaca, NY;

** CONTINUING DATA *None*** FOREIGN APPLICATIONS *None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/23/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged <i>M-T</i> Examiner's Signature Initials				

ADDRESS

60389

TITLE

Efficient scaling in transform domain

FILING FEE RECEIVED 1948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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